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Weddings and parties: Cultural healing in one community of Somali women

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Abstract

Refugees who are resettled in western countries, particularly Muslim, female, and African refugees, are at a high risk for 'mental disorders,' especially when they are then marginalised racially, socially, religiously and economically. In a small city with no specialist services for refugee mental health, a group of Somali refugee women found their own ways to cope with the enormous challenges facing them. In this paper, we describe some of these ways by drawing on many years of ethnographic and participant observation, reflecting specifically on the role of weddings and parties and the embracing of cultural dance, music, and dress on well-being. We aim to show how community-initiated activities can be therapeutic as social approaches to mental health promotion and early intervention. We also discuss how 'westerners' and mental health and other professionals can contribute to facilitating this process.

Keywords
multicultural mental health, refugees, women, cultural activities, mental health promotion, early intervention

Introduction

There is a large and growing Somali community in Hamilton, New Zealand. Somali started arriving around 1992, mainly as refugees through the United Nations High Commissioner for Refugees (UNHCR) and New Zealand Immigration Service (NZIS) refugee quota programme or through family reunion programmes. According to the 2001 Census, there were nearly 500 Somali living in Hamilton, a small city in the north island of New Zealand with a population of 115,000 (Statistics New Zealand, 2002a,b,c). The median age of Somalis in Hamilton is 16 years, compared with that for Europeans in New Zealand of 37 years, illustrating the youthfulness of the Somali population (Guerin & Diiriye, 2004; Guerin, Guerin & Elmi, 2006). There are slightly more Somali women than men, especially in the older age groups. Although the ethnic diversity of Hamilton is growing and a variety of services is available to refugees and migrants settling there, Muslim and African refugees are very much a minority group and face much discrimination (Veelenturf, Guerin & Guerin, 2005).

Recent increases in government funding have resulted in the provision of more and better services. However, there are no specialist mental health services for refugees in Hamilton although the idea of specialist mental health services for refugees in New Zealand is not a foreign concept—there are specialist centres, 'Refugees as Survivors Centres,' located in Auckland and Wellington, and some specialist

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services available in Christchurch. Refugees are generally considered to be at high risk for mental illnesses such as depression, anxiety and post-traumatic stress disorder (Brundtland, 2000). But refugee women, who are also Muslim and African, and socially, racially, economically and religiously marginalised, would be expected to be at even higher risk for 'mental illness'. Somali migration to New Zealand was sudden and visible with less than 1% of the Hamilton population of 'African' ethnicity, and less than 1% Muslim, and a group that the majority of the Hamilton community knew little or nothing about. Other research of ours and others has documented and illustrated the marginalisation experienced by Somali in New Zealand (Bedford, 2004; Guerin & Elmi, 2004; Guerin, Guerin, Diiriye & Abdi, 2004; Guerin & Guerin, 2002; Ho, Bedford & Muntz, 2005; Veelenturf et al., 2005).

Engagement in cultural practices, ceremonies, and traditions is an essential component to successful resettlement of refugees in western countries. The practicing of traditions links with overall well-being and mental health. But identifying these traditions is difficult, at best, considering the long period of civil unrest, and the displacement of Somali from their homes and therefore their connections to land, people and culture.

In this paper we explore the fluid and dynamic nature of cultural identity through weddings and parties of a Somali community in New Zealand and how these events contributed to resilience and were linked with well-being and mental health and correspondingly served to prevent mental and social ill-health for the many women involved.

Methods

The first and last authors had more than seven years of ethnographic and participant observation doing volunteer and research work with the community, while the second author, a Somali refugee woman herself, provided first-hand and 'inside' knowledge in this paper. The work in this paper is based on an ethnographic approach (e.g., see Tiilikainen, 2002). This work formed only a part of a larger research project that explored many areas for Somali living in Hamilton, including employment, housing, racism and discrimination, women's health, and education. The larger project included a range of research methodologies: surveys, interviews, focus groups, participant observation and ethnography. Overall, we have conducted more than 900 formal interviews or surveys, delivered nearly 1000 hours of various voluntary classes (e.g., English, settlement orientation, health, exercise and dance classes), and were involved in extensive ongoing advocacy work with the community (Guerin & Guerin, 2006).

Findings

We found, in this Somali community, a gradual change in weddings and parties that we link to stages of community wellness which also can be linked to 'individual' wellness or mental health. We first describe 'traditional' weddings and then look at aspects of weddings held earlier on during settlement (roughly in the late 1990s-early 2000s) and those weddings held more recently (roughly 2003-2005).

'Traditional' Somali weddings

What would be the characteristics of Somali traditional practices? According to Guerin (2004), the Somali community could be one identified as a kin-based group with strong social networks, extended families, and close communities and neighbourhoods. Elaborate parties or celebrations would have 'traditionally' been held for weddings only, probably because with the close neighbourhoods and communities, there was ample social contact on a regular basis.

Traditional Somali weddings would have included separate men's and women's events. Often, a breakfast or lunch would have been held for men. During this gathering, dowry arrangements would be made, a meal shared, and money or gifts given to attendees. Although these were considered male events, the women were very much involved, even weeks prior, in planning the meal, cleaning, decorating, and ensuring that all in the community were notified. The women generally would have had their own celebrations for a wedding, including a party in the evening after the men's event and a second party seven days after the marriage.

The women's dress at a wedding celebration would have traditionally been what is called *guntiino* which are red, black, yellow, and other

coloured striped dresses made of cotton. *Dirah (direh, dirac)* are another form of Somali women's celebration clothing which are dresses of fine fabric (e.g., polyester voile), including a long slip and a long dress over the top with a matching head scarf.

Henna body art was an important part of wedding celebrations for Somali women with many hours spent designing and drawing the decorations on hands, arms, and feet. Hair braiding would also take place, even days before the wedding as some braiding can take many hours. Both henna art and hair braiding would involve many women, friends and family, helping, and just chatting and gossiping during the process.

Music at wedding parties would have traditionally involved drums, chanting, and well-thought prayers and poems for the bride. Traditional Somali wedding dance is *burambur* in which the women form a circle and take turns dancing in the middle. Dancing for someone's wedding and being a good dancer is very important and is a sign of respect. Someone who was a good dancer and did not dance for someone's wedding would be considered to be snubbing them, maybe as a form of retribution.

Traditional food for a Somali wedding also would require extensive preparations, like *sambusse (sambuus)*, which involves chopping vegetables and preparing the dough. Because so many people attend the weddings, preparing the food could take many hours. Again, all this preparation would generally be done in groups, with much socialising and social support. Meat and rice and salads would also be prepared. The preparation of *odkac* or *muqmad* is also time consuming as it is a lean, finely cut and fried meat, often kept in oil or melted butter as a preservative.

Early parties

In the first few years of Somali settlement in New Zealand, the community was smaller, there were fewer resources available, and the women did not know about or have access to facilities. Early parties were held at a person's house that may have been decorated with rugs and wall hangings. Drums were whatever could make a good sound including large empty oil bottles, rubbish bins, even a shoe banging on a chair could be used if it made a good sound. Other Somali music was provided through shared cassettes and CDs of Somali contemporary music. The food provided at these early parties was what was affordable and did not require cooking, like store-bought biscuits and soda. Women wore the clothes that they had available or could borrow. Some women only had one dress for weddings or dresses were shared in a family so that women did not have to wear the same dress more than once. Organising parties was often a strain to the women who were usually already under much stress with missing family, economic difficulties, and overall high demands, such as childcare.

More recent parties

Over time, weddings were held in hired halls and even hotels. Meals became much more like what was provided at more 'traditional' Somali weddings with chicken, lamb curries and rice and salads. Music often combined more traditional music with contemporary Somali music. Traditional Somali drums were imported or were custom-made. In fact, at one wedding, there was a whole display of large, imported African drums and various other traditional objects. Contemporary Somali music was more widely available through internet downloads and through purchasing on overseas visits and importing. The establishment of fabric and dress imports from Dubai and other places resulted in some women having two or three new dresses for one single wedding, with many women changing clothes part-way through the event. One particularly elaborate party included, first, traditional Somali wedding clothes, followed a few hours later by the latest fashion in *dirah* from Dubai, followed a few hours later by western-style wedding attire. Weddings and parties even included hired photographers and videographers, DJs and sometimes Somali singers and a band.

This developed until the Hamilton Somali community went through a period of 'a party for everything'. Parties were held for engagements, weddings, 7-day party, going away or big 'OE' (overseas experience) parties, 40-days after a baby party, gatherings for prior deaths, and Koran groups held three times per week[1]. At one stage, there was at least one party every week, which would have involved a substantial portion

of the Somali community for the extensive preparations involved in each party. In fact, there were a few occasions whereby a party was held for a wedding and the bride or other family were not happy with either the attendance (i.e., not enough people came), the quality of the video filming, or the quality of the venue, and a second party was held celebrating the same event.

But it was not just the elaborateness of the weddings and parties that changed over time, but the social and contextual issues that went along with that. For example, many family reunion issues had been resolved, with daughters, sisters, and other family reunited with their family in New Zealand. The strain that this relieved for many women was evident in the general atmosphere at parties with more dancing and singing and laughing at the later parties contrasted with an often more depressed mood at the early parties. Most were experiencing improved economic situations and had more family support available to help. The growth of the community meant that overall there were more people available to help with organising, planning, cooking, and childcare. Parties became, for many women, a focal point of what was a very hard life adapting to their new world where they could celebrate the successes.

The importance of culture and the opportunities to engage in cultural activities should not be underestimated with this group of women. In a place where most everything seemed difficult—language, children, finances—these parties provided a safe, comfortable place to just be who they were: women—as mothers, daughters, friends, wives—living full lives, including everything that goes along with that (e.g., bickering over who arranged the videographer). But the ability to have these parties required 'space', and resources—social, emotional and economic—to make it all happen.

The weddings and parties reflected the conflicts and struggles with identity for refugees in a new country (Guerin, Guerin, Abdi & Diiriye, 2003). For example, the 1.5 generation (Alitolppa-Natiimo, 2002), or those who did not grow up in Somalia, but had also not grown up in New Zealand because they were often in refugee camps, struggled with even knowing what Somali traditional practices were. The disruption to their lives meant that many in this 1.5 generation did not ever have the opportunity to learn Somali dances, chants, or drumming. For those who missed out on their 'home' culture and did not have enough time to become wholly part of their 'new' culture, things could be difficult. However, the parties and weddings in Hamilton provided an opportunity for many to learn and explore their identity.

Implications for mental health professionals

The women's participation in these events was easily seen as contributing positively to their mental health and well-being, and their feelings of belonging in their new country, as they changed with the better position of the community over time. Our research with Somali women found that mental health and other professionals did not ask the women about these sorts of activities that they were engaging in, and so they elicited a very wrong impression of the capabilities and the extent of social engagement (Guerin, Guerin, Diiriye & Yates, 2004). We have heard some women talk to professionals about their engagement in activities but not include anything about the large amount of help they gave in organising and running such events.

A very different impression of their mental health is gleaned when seeing them involved in weddings and parties. The activities that the women engaged in before, during and after these parties were highly social, involving many and varied women in the community. If some women could not attend or contribute to one thing or another, there was something else in which they could be involved. For example, if a woman could not actually attend the wedding party, she may still help prepare food for the party. Having a number of activities over sometimes even a few weeks afforded women in the community multiple opportunities to socialise with others in the community. We also witnessed repeatedly the women discussing current issues in the community, people's problems and solutions, and other issues of relevance to mental health while all this participation was happening.

What we are saying here is that it was not just the party, wedding, or the event *in itself*, that was the important contributor to the well-being of many women in this community, but all of the social aspects of every activity along the way

(cf., Webber, 2005). All of this together was a clear intervention (unintentional perhaps) that promoted mental health, and prevented mental illness, among an incredibly high risk group.

An example

As an example, the first two authors attended a prayer meeting that was being held to bid farewell to one of the female leaders of the group who was going on an overseas trip. Food was prepared and shared, and there was much singing, praying, chatting and sharing perfume. Many women in the community attended, some coming and leaving quickly, some staying for a few hours. Overall, perhaps 30 women attended that night. At one point, a woman in the community, well-known to the authors for many years, arrived (we will refer to her as Sarah). Sarah had a history of mental illness, with repeated admissions to an in-patient psychiatric ward. She seemed quite upbeat this evening and sat in a separate room with the first two authors, engaging in small talk. Quite unexpectedly, Sarah began describing the day when her children died in her arms in Africa. She went on with quite elaborate detail about the sounds of the guns firing and how she pleaded with an Imam to pray for her children. After a difficult night trying to protect her children from the gunshots, she woke to find them both dead in her arms. She told the story like she was describing a movie she had recently seen. She did not get upset or seem worried. She was simply sharing with friends an experience she had.

What is important in this illustration is not that Sarah *told* the story, or the consequences of telling (which were minimal), but that she was in a context that enabled the telling of this story. The context of the party afforded the opportunity to meet up with friends that may not have necessarily happened otherwise. The repeated opportunities afforded a level of comfort with the women who were there, even a relative 'outsider' such as the first author. Many, if not all, of the women in this community had experienced similar atrocities. Our research has suggested that most women do not wish to repeat these stories to strangers in offices (psychiatrists, psychologists) especially if they have had to do this repeatedly (Guerin, Guerin, Diiriye & Yates, 2004) and when the stories would likely cause the listener to become very upset, not necessarily the teller. In most cases their stories had been told many times during their flight and subsequent travels and settling. The weddings and other events provided opportunities to talk about such events in a supportive and understanding forum, where the stories were not so shocking, but often sad, nonetheless. There is a difference between telling one's story in a supportive environment and telling the story to authorities, professionals or bureaucrats.

Some research would predict that the majority of these women have post-traumatic stress disorder (PTSD), or at least depression and anxiety, simply by having had such experiences, and that western-based therapeutic approaches are the best treatment, whereas another growing body of literature critiques these assumptions (Bracken, Giller & Summerfield, 1995, 1997; Summerfield, 1999). The focus in some mental health literature just on the traumatic histories of refugee women misses the bigger point of a 'settlement trauma', with a focus more on the immediate stressors, associated with being new migrants in a new country. Refugees usually have greater challenges facing them in their resettlement compared with voluntary migrants, but a growing body of research is finding that the challenge is not usually in 'dealing' with their past traumas, but more in dealing with their current situation.

Some may argue, however, that after any 'settlement traumas' have been resolved, there are still the 'underlying' issues of past traumas that need to be resolved, generally with a talking therapy approach. In the example above, some may say that Sarah 'got it all out', that she needed to catharsise her previous traumas. But what we are arguing is that it is not the 'getting it out' or catharsis talk itself that is important, but rather the changes in the social and community context that allowed a telling to take place, and which was changed by the talking (Guerin, 2001a, b).

This is why talking therapies, done in a western sense, would not serve the same purpose or have the same outcomes for many people from a kin-based group like this community. A therapist cannot work with a client like Sarah and anticipate that after a long period of developing a trusting relationship that she will eventually 'open up' and that *that* is the healing or

intervention part. It is not the 'opening up' itself that is healing—it is the changing of social and community relationships. For this reason we have also realised that the context for talking about such traumatic events is actually better done within the community, because most of the people (women in Sarah's case) have been through similar events. This is far more likely to be therapeutic than being probed to talk about the events by a stranger who is a referred professional with little understanding of the context for these events, and in a context so unlike the weddings.

This is not to exclude the professional, however, as the same does not apply to clients of much more westernised backgrounds. Also, not all of the professionals probed for traumatic events in this way, although our impressions were that the majority did, perhaps because they were not experienced with refugee clients (cf., Ferns, 2005). Further, although the women in this community did much of the organising and overall creating of these events on their own, there is a place for mental health and other professionals to help facilitate participation by linking clients to childcare options, assisting with organising (e.g., venues) or encouraging new settlers to establish and maintain cultural activities in their group. A dose of voluntary work never goes astray, and within our bigger project of bringing together traditional and western treatments for mental health, the professionals could do much more to facilitate appropriate talking about past events within the community rather than confining it to the office.

Conclusion

Although there was no specialist mental health assistance for refugees in Hamilton, New Zealand, the women themselves created a strong therapeutic environment that contributed to their mental, emotional and social well-being. But the community is a dynamic one, with changes ongoing. We have presented a picture of a particular period in time and the picture has changed even since then. Some of the women have moved on, some have stayed. Children have grown and are not so dependent; daughters and sons have married and are having children of their own. There are not so many parties these days, but the women do not seem to need them so much any more. Many of the women have had their family reunion cases resolved and the known safety of family has eliminated much turmoil.

Looking back on how things were, there are some key things that could have been done better, that would have eliminated much unnecessary stress with these women. When the women were not having parties, most had to deal with unnecessary difficulties with various bureaucracies, utilities, language barriers, and health problems—and in many cases dealt with them alone. At the time, there was little help for troubled teens, there were few and under-resourced language courses, and much of the help that was available relied heavily on volunteers, who, themselves, found the difficulties that these women were experiencing too overwhelming.

Adequately supporting refugees in their resettlement, which can take years, is an investment for everyone. Some may argue that the reason the women in Hamilton did so well was *because* of the relative lack of support, and that with the lack of support they were forced to create their own solutions to things. But the counter argument is to imagine what these women would have been capable of achieving, had they been supported by the host country *and* each other in the ways described. Refugee resettlement to western countries is not likely to go away any time soon, and what we learn from a group like Somali women refugees and their resettlement provides an alternative way of thinking to improve systems and outcomes. Internationally, the Somali Diaspora has challenged systems, evident in the large and growing body of literature specifically on Somali settlement in western countries. We can learn so much from that, ensuring that all refugees are getting what they need.

The mental health promotion and mental illness prevention arising from the social activities described here are perhaps not surprising (e.g., see Tew, 2005). But when one considers what these women's lives would have been like without these parties, it is easy to see how that life could easily contribute to mental (social) ill-health. There is certainly a multitude of ways that health and other professionals can contribute to well-being, without necessarily resorting to western-derived approaches.

Note

1. '7-day party' refers to parties that would traditionally be held 7-days after a wedding, for women, celebrating a bride's first week of marriage. 'Gatherings for prior deaths' here is referring to a few gatherings that were held by some women in remembrance of family who had died many years ago, usually during conflicts in Somalia and therefore they were unable to have any ceremonies at the time of death. 'Koran groups' here is referring to a group of women who initially met once per week to read the Koran and share a meal. At one stage, this group was meeting three times a week, and a second group with different religious perspectives started meeting.

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